

VMR-1 LEAVE REQUEST

FROM: _____
LAST NAME FIRST NAME MI RANK SSN/MOS

NUMBER OF DAYS REQUESTED: _____ INCLUSIVE DATES _____ TO _____
DAY/MONTH DAY/MONTH

LEAVE EFFECTIVE: _____ LEAVE STARTS _____ 1630 WORKDAYS
TIME/DATE 0800 WEEKENDS/HOLIDAY

LEAVE EXPIRES: _____ LEAVE STARTS _____ 0730 WORDAYS
TIME /DATE 0800 WEEKENDS/HOL

TYPE OF LEAVE (CIRCLE ONE) ANNUAL EMERGENCY CONVALSCENT

ADDRESS WHILE ON LEAVE _____ STREET ADDRESS
_____ CITY/STATE/ZIP
() _____ PHONE NUMBER

MODE OF TRAVEL (CIRCLE ONE) POV AIR LOCAL

LEAVE BAL: _____ DATE OF LAST LES: _____ LEAVE TAKEN THIS FY _____ EAS _____

(CIRCLE ONE) DAY CREW: NIGHT CREW: MEAL CARD (CIRCLE ONE) YES/NO

TITLE	RECOMMENDED	REMARKS	SIGNATURE	DATE
TRAINING (ENLISTED)	YES/NO	_____	_____	_____
SCHEDULER (AIRCREW)	YES/NO	_____	_____	_____
SNCOIC (ENLISTED)	YES/NO	_____	_____	_____
MAINT CHIEF (MAINT ENLIST)	YES/NO	_____	_____	_____
DEPT HEAD (ALL)	YES/NO	_____	_____	_____
SGT MAJ (ENLISTED)	YES/NO	_____	_____	_____

EXECUTIVE OFFICER APPROVED/DISAPPROVED _____
SIGNATURE DATE

Leave Request will reach the Admin Chief no later than five working days prior to the commencement of the leave peroid. Sergeants and below who plan to utilize their POV for transportation out of the local are must have their vehicle inspected by a SNCO or above prior to submitting a leave request.